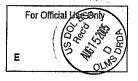
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 8187

3. Name and address of person filing.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

4. Name, file number, and address of labor organization.

Name	JAMES	YORASCHEK	Name	PLUMBERS LOC	CAL UNION NO	. 200		
			Labor	Organization File N	umber 529-41	7		
P.O. Box, Bldg., Room No., if any			P.O. Box, Building and Room Number, if any					
Street	Street 2123 5TH AVENUE			Street 2123 5TH AVENUE				
City	RONKONKOMA		City	RONKONKOMA	**************************************			
State	New York	ZIP Code + 4 11779	State	New York		ZIP Code + 4 11779		
5. Positi	on in labor organization.	XAMINATION BOARD						
Ente	Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):							
A. Held moneta	an interest in, engaged in ry value from an employ e	transactions (including loans) with, or er whose employees your organizat	derived in	come or other eco	nomic benefit of seeking to repre	esent.		
6, Name	and address of Employer (in	cluding trade name, if any).	7.a. Nat	re of Interest, Trans	action, or Income.			
Name			Woodal Lands					
Trade I	Name, if any:		a recommendation of			* Comments		
	Section and a section of the section		American Comments of the Comme			To a manage resultant shall be a second seco		
P.O. Be	ox, Bldg., Room No., if any		7.b. Amo	ount.				
Street								
City								
				e de la companya de l		Monte of the contract of the c		
State		ZIP Code + 4						
	Signature							
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)								
Signe	d Same a	Your all	On [8 /12-/3cor		8/		
Form LM-	30 (2003)			——···		and the second		

Name of Person Filing JAMES YORASCHEK	File Number U-						
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.							
8. Name and address of Business (including trade name, if any). Name PLUMBERS LOCAL UNION NO. 200 Trade Name, if any: APPRENTICE TRAINING FUND P.O. Box, Bldg., Room No., if any Street 1 AMES COURT SUITE 210 City PLAINVIEW State New York ZIP Code + 4 11803 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	9. Business deals with: X a. Labor Organization b. Trust c. Employer 11.a. Nature of such dealing. Collectively bargained benefit fund						
Street	11.b. Approximate dollar value of such dealing.	\$0					
City	12.a. Nature of interest held or income received	d.					
State New York ZIP Code + 4	APPRENTICE GRADUATION DINNER hel						
	12.b. Amount.	\$65					
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.						
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.						
Name		The second secon					
Trade Name, if any:							
P.O. Box, Bldg., Room No., if any	- Consideration						
Street		Company to resembly to					
City							
State ZIP Code + 4							
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.						

Name of Person Filing JAMES	YORASCHEK	File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name Plumbers Local Union No. 200	a. Labor Organization			
Trade Name, if any: Apprentice Training Fund				
P.O. Box, Bldg., Room No., if any	b. Trust			
Street 1 Ames Court, suite 201	c. Employer			
City Plainview				
State New York ZIP Code + 4 11803				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name	Collectively bargained benefit fund			
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$0		
	12.a. Nature of interest held or income received.			
	Travel and conference expenses, attending instructors training conference in Michigan			
		we grow was a second		
		And an analysis of the second		
	12.b. Amount.	\$2,107		